Disclaimer: This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (FBOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by Corrections Consulting Services LLC (CCS), the FBOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: ☒ **N/A**

Date of Final Audit Report: May 12, 2026

Auditor Information

Name: Lynni O'Haver		**Email:** katmai910@icloud.com	
Company Name: Corrections Consulting Services, LLC			
Mailing Address: P. O. Box 596		**City, State, Zip:** Buchanan Dam, Texas 78609	
Telephone: 713.818.9098		**Date of Facility Visit:** March 31 – April 2, 2026	

Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency *(If Applicable)*: U.S. Department of Justice			
Physical Address: 320 First Street NW		**City, State, Zip:** Washington, DC 20534	
Mailing Address: 320 First Street NW		**City, State, Zip:** Washington, DC 20534	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal

Agency Website with PREA Information https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: William K. Marshall III	
Email: BOP-RSD-PREACoordinator-S@bop.gov	**Telephone:** 202.307.3198

Agency-Wide PREA Coordinator

Name: Dr. Jessica M. Seaton, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator-S@bop.gov	**Telephone:** 202.307.3198
PREA Coordinator Reports to: Dana DiGiacomo Assistant Director, Reentry Services Division (RSD)	**Number of Compliance Managers the PREA Coordinator oversees:** 120

Facility Information

Name of Facility: Federal Correctional Complex (FCC) Pollock			
Physical Address: 1000 Airbase Road		**City, State, Zip:** Pollock, LA 71467	
Mailing Address (if different from above): N/A		**City, State, Zip:** N/A	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe):

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name:	Kris Goldey, Complex/USP Warden; Amy Boulware, Warden FCI		
Email:	POX-AW-S@bop.gov	**Telephone:**	318.561.5300

Facility PREA Compliance Manager

Name:	Thomas Powell, Associate Warden USP; David Paniagua, Associate Warden FCI		
Email:	POX-AW-S@bop.gov	**Telephone:**	318.561.5300

Facility Health Service Administrator ☐ N/A

Name:	Miranda Bordelon		
Email:	POX-AW-S@bop.gov	**Telephone:**	318.561.5300

Facility Characteristics

Designated Facility Capacity:	USP: 891 / FCI: 1152 / SPC: 256

Current Population of Facility:	USP: 870 / FCI: 1460 / SPC: 199
Average daily population for the past 12 months:	USP: 890 / FCI: 1504 / SPC: 187
Has the facility been over capacity at any point in the past 12 months?	☒ Yes ☐ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	USP: 21 – 66 / FCI: 19 – 67 / SPC: 22 – 74
Average length of stay or time under supervision:	USP: 636 days / FCI: 491 days / SPC: 323
Facility security levels/inmate custody levels:	High / Medium / Minimum; In / Community / Out
Number of inmates admitted to facility during the past 12 months:	USP: 953 / FCI & SPC: 1675
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	USP: 923 / FCI & SPC: 1646
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	USP: 923 / FCI & SPC: 1494
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	557
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	44
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	15
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	32

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	17
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) The Lead Auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	79
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	28
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	26
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	USP: 70 / FCI: 96
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No

Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☒ A U.S. Department of Justice component ☐ Other (please name or describe: ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☒ N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 31, 2026
2. End date of the onsite portion of the audit:	April 2, 2026
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International
Audited Facility Information	
4. Designated Facility Capacity:	USP: 891 / FCI: 1152 / SPC: 256
5. Average daily population for the past 12 months:	USP: 890 / FCI: 1504 / SPC: 187
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	28
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	2562
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	N/A
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	5
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	58
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	2
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	2
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	19
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	52
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the	0

facility as of the first day of the onsite portion of the audit:	
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	557
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	32
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	39
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The Lead Auditor was provided with inmate rosters which provided the inmate's age, race, ethnicity, housing assignment, reception date, end of sentence date, program assignment, classification status, and

	custody levels. The characteristics allowed for the random representation to be geographically diverse.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	12
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited	FCC Pollock does not hold youthful inmates.

facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	

38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Facility does not track; inmates who identify as gay or bisexual self-report. At the time of the on-site, the facility did not have inmates who self-identified as gay or bisexual.
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per BJA Memorandum dated December 2, 2025, in alignment with Executive Order 14168, targeted interviews with transgender or intersex inmates are no longer applicable to a compliance finding and therefore, were not interviewed under the targeted category.
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Facility provided documentation reflecting there were no inmates placed in segregated housing/isolation for risk of sexual victimization or who suffered sexual abuse; The Lead Auditor's review of files during the on-site, and interviews with staff supported the documentation.
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	18
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Specialized Staff, Volunteers, and Contractor Interviews	

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
51. Were you able to interview the Agency Head?	☐ Yes ☒ No
a. If no, explain why it was not possible to interview the Agency Head:	**Agency Head Designee**
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	**Warden**
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation

	☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The Lead Auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No

a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Throughout the facility tour, The Lead Auditor also conducted informal random interviews with inmates. The questions posed to inmates in the informal interviews included: Length of time at facility, PREA Education (date received), Knowledge of reporting methods for PREA, & Staff present w/Auditor typical.
Documentation Sampling	
Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.	
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Fifty-one inmate records were reviewed and consisted of the following documents: Institution Admission & Orientation Program Checklist, Inmate Acknowledgement of Receipt of PREA Orientation, PREA Intake Objective Screening Instrument, Inmate Individualized Treatment Plan, Psychology Services Risk of Sexual Victimization. Additional documentation reviewed: Unannounced Institutional Rounds, Investigative files.
Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. *Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.*	

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	18	0	18	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	18	0	18	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	9	0	9	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	2	15	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	2	15	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	4	1
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	2	6	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.	

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review	
Sexual Abuse Investigation Files Selected for Review	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	13
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	13
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	

Support Staff Information

DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☒ Yes ☐ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	1
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)

	☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead

Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

FCC Pollock Institution Supplement 5324.12A *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Organizational Chart

Interviews conducted with:

PREA Coordinator

Institution PREA Compliance Manager (IPCM)

Findings (By Provision):

115.11 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency shall have a written policy mandating a zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The intent of the policy is to ensure that:

- Staff and inmates are informed that this policy implements the Bureau's "zero-tolerance" of sexually abusive behavior, and sexual harassment;
- Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities;
- Victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs;
- Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report, and
- Perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law.

115.11 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states the agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the National PREA Coordinator's responsibilities include developing, implementing, and overseeing the Bureau's compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator assists the Information, Technology and Data Division (ITDD) in providing the required information to the U. S. Department of Justice, Bureau of Justice Statistics, through their collection agent (U.S. Census Bureau), of all incidents of sexually abusive behavior. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Branches to ensure contract facilities comply with this provision of the PREA standard.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Regional PREA Coordinator ensures policy guidelines are addressed in institutions within each region. Given the sensitivity required when defining and reporting cases as substantiated, a background in investigations is preferred when selecting a Regional PREA Coordinator.

Additional evidence supporting compliance with this provision of the standard is the responsibilities assigned to the National PREA Coordinator which include:

- Serving as the agency's point of contact regarding all PREA related matters;
- Providing consultation and guidance to regional and filed staff with respect to PREA implementation and monitoring;
- Providing PREA training oversight;
- Reviewing policy to determine compliance with PREA;
- Reviewing contract language for private/contract facilities relative to PREA;
- Coordinating the development or location of materials required for PREA;
- Maintaining the PREA Coordinator Outlook mailbox;
- Maintaining and processing allegations of sexual abuse in third-party reporting instances and Office of the Inspector General's (OIG) forwarded inmate reports of sexual abuse allegations;

- Preparing an annual report of for the agency utilizing each facility's findings and corrective actions.

An interview with the National PREA Coordinator was conducted and verified having sufficient time and authority in the position to accomplish PREA responsibilities for the Bureau. The National PREA Coordinator provides guidance to 6 regional PREA Coordinators and 120 Institution PREA Compliance Managers (IPCMs). The 120 Institution PREA Compliance Managers (IPCMs) consult with the National PREA Coordinator to ensure their respective facility is compliant with the PREA Standards. The position of Institution PREA Compliance Manager is fulfilled by each facility's designated Associate Warden and in such capacity, the Associate Warden reports directly to the Facility Warden. The National PREA Coordinator reports to the Assistant Director, Reentry Services Division. A review of the BOP organizational chart provided evidence that the National PREA Coordinator is designated as an upper-level position and has agency-wide oversight.

115.11 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states where an agency operates more than one facility, each facility shall designate an Institution PREA Compliance Manager (IPCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Warden at each institution must ensure that all aspects of this Program Statement are implemented, including maintaining a current Institution Supplement. He/she must assign an Institution PREA Compliance Manager (IPCM), who except in rare circumstances will be an Associate Warden, for the overall responsibility of the program.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) maintains responsibility for the *Sexually Abusive Behavior Prevention and Intervention Program*. He/she must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified in this Program Statement. The Warden may appoint supervisory staff as PREA points of contact in each key department (Correctional Services, Psychology Services, Health Services, etc.) in order to assist the Institution PREA Compliance Manager (IPCM) with the implementation of this policy.

FCC Pollock Institution Supplement 5324.12A, *Sexually Abusive Behavior Prevention & Intervention Program* states an Associate Warden will be designated by the Complex Warden as the PREA Compliance Manager at the United States Penitentiary (USP), Satellite Prison Camp (SPC), and Federal Correctional Institution (FCI) for coordination of the Sexually Abusive Behavior Prevention and Intervention Program. The Associate Wardens will have primary responsibility for program operations. The PREA Compliance Manager's responsibilities will include, but not limited to, educating and training staff in appropriate response procedures when a sexual assault occurs or is alleged, assessing and managing sexually assaulted inmates and/or perpetrators, and ensuring the insuring the institution's program conforms to the guidelines found in P.S. 5324.12 CN-1, *Sexually Abusive Behavior Prevention and Intervention Program*.

FCC Pollock is comprised of three separate institutions – the United States Penitentiary (USP), the Federal Correctional Institution (FCI), and the Satellite Camp (SCP). FCC Pollock has designated two PREA Compliance Managers (PCM); one PCM for the USP and one PCM for the FCI.

The Lead Auditor interviewed the PREA Compliance Manager (PCM) designated at the USP and verified he has sufficient time and authority to accomplish the PREA responsibilities for the USP. In addition, the USP PCM works in collaboration with the PCM designated for the FCI, to ensure FCC Pollock maintains PREA compliance. Evidence shows that the BOP has designated two PCMs for FCC Pollock as verified through a review of the facility organizational chart and through interviews with the USP PCM and the Complex Warden.

The Lead Auditor interviewed the Complex Warden and confirmed the responsibilities of each PCM assigned to FCC Pollock and verified each PCM is provided sufficient time and authority to accomplish these responsibilities.

Upon review of the policy and the agency organizational chart and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Findings (By Provision):

115.12 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

115.12 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program states* any new contract, or contract shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity.

The Lead Auditor reviewed the Memorandum dated October 28, 2024, regarding contracting with other entities for the confinement of inmates. The BOP has moved away from contracting with private prisons per the *President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities* on January 26, 2021. As such, no new contracts have been executed and previously existing contracts with privately operated detention facilities have expired.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FCC Pollock *Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan)*

BOP Institution Duty Officer – *Unannounced Institutional Rounds*

Interviews conducted with:

Complex Warden

PREA Coordinator

Institution PREA Compliance Manager (IPCM)

Intermediate or Higher-Level Facility Staff

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

Supervisory staff conducting rounds

Findings (By Provision):

115.13 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from Federal investigative agencies;
- All the components of the facility's physical layout (including blind spots);
- Composition of inmate population;
- Number of and placement of supervisory staff;
- Institution programs specific to each shift;
- All applicable State or local laws;
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse;

- Any other relevant factors.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program states* the Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, in general, when allocating overall staffing resources. At the institution, the *Salary/Workforce Utilization Committee Meeting Minutes* serves as the staffing plan.

115.13 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Deviations are documented in the remarks section of the *Salary/Workforce Utilization Committee Meeting Minutes*. For example, if an allocated position is not filled for budgetary or other reasons, the reasons should be noted in the remarks section.

115.13 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program states* whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by §115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to policy;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program states* at a minimum, the most recent *Salary/Workforce Utilization Committee Meeting Minutes* are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1.

According to the information contained in the PAQ, FCC Pollock reported no deviations from the staffing plan during the auditing period.

The Lead Auditor conducted an interview with the Complex Warden and confirmed there were no deviations from the staffing plan in the 12 months prior to the audit. The Complex Warden also confirmed that if a deviation were to occur, such instances of non-compliance with the staffing plan are documented in the remarks section of the *Salary/Workforce Utilization Committee Meeting*

Minutes. The Complex Warden discussed how staffing levels are discussed at the Budget and Planning Committee meeting as well as during *Quarterly Salary/Workforce Utilization Committee* meetings. The Complex Warden also explained that when developing a staffing plan, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force.

Additionally, Complex Warden explained that weekly camera updates are provided to the Executive Staff to ensure all video equipment is working appropriately or if necessary, work orders have been submitted if cameras require repair. To ensure compliance with the staffing plan, the Complex Warden indicated compliance is monitored via meetings, meeting minutes, staffing reports, and regular communications with Associate Wardens (PREA Compliance Managers), Human Resource Manager, and Financial Management Administrator.

Interviews with the USP PREA Compliance Manager (PCM) and the National PREA Coordinator; both confirmed the process of developing a staffing plan previously described by the Complex Warden.

The Lead Auditor reviewed the average daily number of inmates' report, staff shift rosters, facility blueprint, and daily inmate activity schedules to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout. During the facility tour, the Lead Auditor noted her observations of the facility layout, camera placement, and staff assignments in comparison to inmate population in each housing unit, work and program areas. The Lead Auditor's observations provided additional confirmation of the facility's compliance with the provisions of the standard.

115.13 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states at each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts an all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the IPCM for retention.

The Lead Auditor reviewed twelve months of *Unannounced Institutional Rounds* and verified the unannounced rounds are being conducted and documented in accordance with the facility policy and the PREA Standard. The sample of the documents reviewed covered several days of each month of the twelve-month auditing period and were from every shift. In the samples reviewed, the Lead Auditor did not find any consistent patterns or inadequacies.

The Lead Auditor conducted supervisory level staff interviews and inquired how unannounced rounds are completed without staff knowledge. Supervisory level staff indicated this is completed by observing staff movement, monitoring radio transmissions, alternating movement patterns or being unpredictable with times or walking pattern and listening to staff conversations while conducting rounds throughout the facility.

The Lead Auditor toured the facility and observed the daily operational functions, staff interacting with inmates, general inmate movement, inmates out at recreation, inmates completing job assignments, and supervisory staff conducting rounds. These observations provided additional verification of policy and of standard compliance.

Upon review of the policies and documentation provided and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Complex Warden

Institution PREA Compliance Manager (IPCM)

Findings (By Provision):

115.14 (a-c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* defines a youthful inmate shall not be placed in a housing unit which the youthful inmate will have sight, sound, or physical contact with any adult inmate though use of a shared dayroom or other common space, shower areas, or sleeping quarters.

According to the information provided in the PAQ, FCC Pollock does not house youthful inmates. This was verified during interviews with the Complex Warden and USP PREA Compliance Manager. The Lead Auditor also confirmed FCC Pollock does not house youthful inmates during her observations throughout the facility tour during the on-site visit.

Upon review of the policy and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☐ Yes ☐ No ☒ NA

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☐Yes ☐ No ☒ NA

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No ☒ NA

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5521.06, *Searches of Housing Units, Inmates, and Inmate Work Areas*

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP PREA Training Logs & Curriculum – *Correctional Fundamentals, Part 1*

Interviews conducted with:

Random sample of Inmates

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

Findings (By Provision):

115.15 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states the facility shall not conduct opposite sex strip searches or opposite sex visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

BOP Program Statement 5521.06, *Searches of Housing Units, Inmates, and Inmate Work Areas* states in order to further the safe, secure, and orderly running of its institutions, the Bureau of Prisons conducts searches of inmates and of inmate housing and work areas to locate contraband and to deter its introduction and movement. Staff shall employ the least intrusive method of search practicable, as indicated by the type of contraband and the method of suspected introduction.

Documentation provided by the facility indicated there were no opposite sex strip searches or opposite sex visual body cavity searches conducted during the last 12 months. The Lead Auditor conducted an interview with the Complex Warden and the USP PREA Compliance Manager and verified that no opposite sex strip searches or opposite sex visual body cavity searches were conducted.

115.15 (b, c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states an inspection of an inmate using the hands does not require the inmate to remove clothing. The inspection includes a search of the inmate's clothing and personal effects. Staff may conduct a pat search of an inmate on a routine or random basis to control contraband. Staff of the same sex as the inmate shall make the search, except where circumstances are such that delay would mean the likely loss of contraband. Where staff of the opposite sex makes a visual search, staff shall document the reasons for the opposite sex search in the inmate's central file.

The Lead Auditor observed the facility operations throughout the day, to include continuous inmate movement throughout the facility, continuous physical interactions between staff and inmates, and inmates performing job assignments throughout the facility and within the compound grounds.

Throughout the facility tour, the Lead Auditor observed staff of both male and female staff working in all areas of the facility, including housing, programs, commissary, maintenance, and food service. The Lead Auditor also observed opposite sex announcements being conducted throughout the facility tour. The Lead Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

115.15 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall implement policies and procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite sex to announce their presence when entering an inmate housing unit.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates should only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, bathrooms). Housing unit officers of the opposite sex may view breasts, buttocks, or genitalia only in an exigent circumstance, or when incidental to security checks of these designated areas of the housing unit.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility or when incidental to routine cell checks, to include circumstances such as responding to alarms, contraband detection, or detecting behavior that would constitute an inmate prohibited act.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates will be notified of the presence of opposite sex staff members in several ways:

- Inmates are advised of the requirement to remain clothed, and the presence of opposite sex staff generally, during the Intake Screening process and the Admission and Orientation process;
- The following notice must be posted on inmate bulletin boards and signs within housing units, including segregated housing areas: *NOTICE TO INMATES: Male and female staff routinely work and visit housing areas*;
- For housing unit officers, an announcement is made at the beginning of primary shifts, or other appropriate time to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be *Notice: Opposite sex staff will be in housing units during this shift.* This announcement is made using the general public address system from

Control or Lieutenants' Office. If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made.

- For staff members with offices in the housing units (the Unit Team), the most recent schedule is posted in the unit, so inmates are aware when opposite sex staff are present.

The Lead Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor conducted thirty-nine random inmate interviews, and all thirty-nine inmates confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, thirty-seven of the thirty-nine inmates interviewed confirmed staff of the opposite sex announce her presence prior to entering the housing unit.

The facility has an Opposite Sex audio recording announced periodically during a 24-hour period, the announcement is broadcast throughout the facility compound, to include the facility's housing areas. The audio announcement is made in English and Spanish. The Lead Auditor also observed the announcement of an opposite sex entering a housing unit throughout the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

115.15 (e) – This provision is no longer applicable to a compliance finding.

115.15 (f) – This provision is no longer applicable to a compliance finding.

The Lead Auditor reviewed the training records and training curriculum provided to custody staff who may have contact with inmates, how to perform opposite sex pat-down searches of inmates. Training records indicated custody staff receive training on the Bureau's PREA policies and how to perform opposite sex pat-down searches annually. The training curriculum outlined the Bureau's policy on opposite sex pat-down searches and searches of all inmates in a professional and respectful manner,

policy defining exigent circumstances, and conducting searches in a professional and respectful manner.

The Secondary Auditor interviewed random staff members and inquired if they have received training on how to conduct cross-gender pat-down searches in a professional manner, consistent with security needs. Each staff member confirmed receiving training on opposite sex searches of offenders annually during training.

Upon review of staff training records and training curriculum, observations during the on-site visit, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP contract with Language Line Services, LLC

BOP Inmate Admission & Orientation Handbook (multiple languages)

BOP Zero-tolerance Policy Bulletins (multiple languages)

Interviews conducted with:

Complex Warden

Inmates with Disabilities or Limited English Proficiency (LEP)

Random sample of Staff

On-site Review Observations:

PREA informational signage (multiple languages)

Findings (By Provision):

115.16 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

states such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.

The Lead Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each housing unit, as well as several posted in common areas (food service, education, and vocational training buildings) throughout the compound.

115.16 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) should reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodations when a need for such accommodation is known. Staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment.

The Lead Auditor conducted an interview with the USP PCM regarding how the facility takes appropriate steps to ensure that all inmates have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The USP PCM detailed the efforts made by the facility to ensure impaired inmates are provided with opportunities and benefits equal to those of unimpaired inmates. Inmates with either impairments or LEP inmates are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language.

Additionally, every effort is made to provide all training in a format that will be easily understood by inmates who have a physical or developmental impairment or who have limited English proficiency. FCC Pollock presents PREA-related information both verbally and in writing to all inmates. Additionally, the Bureau of Prisons has contracts for American Sign Language interpreters, Language Line interpreters, Video Relay System conferencing, telephone access, and electronic messaging access. The Lead Auditor reviewed the existing contract between BOP and Language Line Services LLC. The contract outlines the translation services provided for each BOP facility, rate of service, and the contract's start and ending dates.

115.16 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under § 115.64, or the investigation of inmate's allegations.

The Secondary Auditor conducted targeted interviews with inmates that were either Limited English Proficient (LEP), or inmates with physical, cognitive, hearing, or vision impairments. Each inmate acknowledged receiving PREA information during the admission and orientation process. Each inmate described receiving the comprehensive PREA orientation within a week after arriving at the facility. Additionally, each inmate acknowledged the information was provided to them in an accessible format specific to their individual needs. The Secondary Auditor utilized a certified interpreter for the interview with the LEP inmates.

The Lead Auditor requested and was provided with an up-to-date facility staff roster for all members currently assigned to the facility and was organized by shift assignment and identified each staff member's current job assignment and rank. This allowed the Secondary Auditor to select a random representation of staff members for the interview process as well as ensure the random representation included all shifts, ranks, tenure, and various job assignments.

The Secondary Auditor conducted interviews with random staff members. Each staff member confirmed the Bureau's policy prohibiting the use of an inmate to provide translation services except

in exigent circumstances; all staff members acknowledged the use of either the language line or contacting another custody staff to translate.

Upon review of the policies, inmate handbook, and upon completion of interviews with inmates, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Administrative (Human Resources) Staff

On-site Review Observations:

Documentation of staff background checks

Findings (By Provision):

115.17 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

115.17 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.17 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

115.17 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

115.17 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

115.17 (g) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The Lead Auditor conducted an interview with a representative from the agency's Human Resource Management Division who confirmed the Bureau conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Representative confirmed the Bureau of Prisons conducts 5-year background reinvestigations in compliance with 5CFR 731, which includes a criminal history check through the Civil Applicant Service (CAS).

Additionally, the HR Representative detailed the BOP's requirement imposed upon all applicants and employees to disclose any previous misconduct, on or off duty misconduct per the agency's Standards of Employee Conduct, and the Bureau's requirement to provide information regarding a former employee upon request of another institution or Bureau.

FCC Pollock reported, in the 12 months prior to the audit, there were forty-four criminal background checks performed on persons hired or promoted who may have contact with inmates. The Lead Auditor reviewed documentation which verified the background checks were completed as outlined in BOP policy and in accordance with the provisions of this standard.

Upon review of the policy, documentation, and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1*, Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Agency Head Designee

Complex Warden

On-site Review Observations:
Video monitoring system

Findings (By Provision):

115.18 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

115.18 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

During the on-site tour of the facility, the Lead Auditor observed convex mirrors and security cameras in housing areas, food service, warehouse, gymnasium, health services, education building, and in common areas, and throughout the compound. The information provided in the PAQ indicated that the facility has not undergone an expansion or modification, however, the facility has installed or updated cameras since the last PREA audit. The Lead Auditor confirmed this information during her interview with the Complex Warden.

The Lead Auditor conducted an interview with the Agency Head Designee and discussed if the Bureau considers how modifications or expansions to a facility effects the ability to protect inmates from sexual abuse. The Agency Head Designee explained consideration is given to all new facility designs and technology upgrades may enhance the Bureau's ability to protect against sexual abuse. In existing institutions, all substantiated and unsubstantiated cases of inmate sexual abuse are reviewed to

determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence in the future.

Additionally, the Agency Head Designee explained that institution reviews are ongoing to determine if upgrades or additions to existing technology would enhance the protection of inmates from incidents of sexual abuse. The technology serves as a deterrent but also allows the agency to identify unreported victims and perpetrators of sexually abusive behavior as well as aid in successful criminal prosecutions.

The Lead Auditor conducted an interview with the Complex Warden, who confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect inmates from sexual abuse. The Complex Warden also explained that the facility has considered and focused the placement of monitoring technology in areas where inmates are housed, work, and program, to enhance their protection from sexual abuse. Additionally, consideration is given to camera placement to ensure the inmates' right to privacy when showering, changing clothes, etc.

Upon review of the policy and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FCC Pollock correspondence w/ local crisis center

MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)

SANEs / SAFEs Uniform Evidence Protocol

BOP *Sexual Assault Crisis Intervention – First Responder Guide*

BOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Random sample of Staff

Staff Licensed Psychologist

Institution PREA Compliance Manager (IPCM)

On-site Review Observations:

Zero-Tolerance Policy signage

Inmate phones

TRULINCS

Findings (By Provision):

115.21 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The Lead Auditor conducted an interview with a Special Investigative Services (SIS) Lieutenant who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIS Lieutenant provided the Lead Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly

criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigation. During the pre-on-site phase of the audit, the Lead Auditor reviewed *DOJ/OIG PREA Training* curriculum, and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

The Lead Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation (FBI). The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

115.21 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*, or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs/SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

115.21 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-

based organization, or qualified agency staff member.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM), with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally if a rape crisis center is not available.

The Auditor reviewed documentation which included, communication between BOP FCC Pollock and local rape crisis centers (attempts for an MOU), certifications of three staff licensed Psychologist's, and verification of completion for a victim advocate course.

The Auditor conducted an interview with one of the Staff Licensed Psychologist, who confirmed her qualifications and receipt the victim advocacy training. The Staff Licensed Psychologist also provided an overview of the services she would provide in the role of a victim advocate, which include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

115.21 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

115.21 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.21 (g) – The Lead Auditor is not required to audit this provision.

115.21 (h) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The Lead Auditor conducted an interview with the facility's Health Services Administrator who explained if a forensic medical examination is required, the inmate victim would be transported to the local hospital. The hospital has certified SANE/SAFE Examiners available to complete the forensic medical examination. The Health Services Administrator confirmed there were four forensic medical examinations completed for FCC Pollock during the twelve-month auditing period. The Lead Auditor conducted additional interviews with the facility's Chief of Psychology Services, and the USP PCM separately, and each confirmed this information is correct.

The Secondary Auditor interviewed random staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions which would destroy physical evidence, and immediately notify the Shift Lieutenant and Psychology Services. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policies, contracts and documentation with outside entities, the SANEs/SAFEs Uniform Evidence Protocol, and observations made during the facility tour, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the

requirements that complies with the PREA standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*

MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)

SANEs / SAFEs Uniform Evidence Protocol

BOP *Sexual Assault Crisis Intervention – First Responder Guide*

BOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

BOP Website

Interviews conducted with:

Agency Head Designee

Investigative Staff

Findings (By Provision):

115.22 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to

an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such a policy on its website or make the policy available through other means. The agency shall document all such referrals.

115.22 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

BOP publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment on the agency website https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

The Lead Auditor conducted an interview with the Agency Head Designee regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head Designee confirmed all allegations are investigated; the investigative process is initiated immediately following the receipt of an allegation of sexual abuse or sexual harassment. In general, the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. OIG, OIA, SIS, and FBI in general, review the allegation(s) and predicating information. Substantiated allegations for administrative investigations or criminal prosecutions are based on corroboration of witnesses' and victim statements, predicating information, along with physical evidence.

115.22 (c) – BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the BOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the BOP will take immediate action to preserve the

scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

The Lead Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Lead Auditor conducted an interview with a Special Investigative Services (SIS) Lieutenant who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIS Lieutenant provided the Lead Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Lead Auditor reviewed *DOJ/OIG PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

Upon review of the policies, documentation and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FCC Pollock PREA Training Curriculum

BOP FCC Pollock Training Roster / Documentation of Completion

Interviews conducted with:

Random sample of Staff

On-site Review Observations:

Personnel Training Documents

Findings (By Provision):

115.31 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall train all employees who may have contact with inmates on:

- It's zero-tolerance for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under Bureau sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- Inmates' rights to be free from sexual abuse and sexual harassment;
- The right of inmates & employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse, sexual battery and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened & actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

115.31 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states such training shall be tailored to the sex of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Annual refresher training takes the sex of the inmate population at each facility into account. Transferring staff members receive training on inmate sexual safety based on the mission(s) of the institution they work.

115.31 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each

employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

115.31 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Participation must be documented through employee signature or electronic verification. Participation documentation will note that employees understand the training they have received.

The Lead Auditor reviewed training curriculum and electronic documentation verifying staff training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment.

The BOP PREA training curriculum provided to the Lead Auditor, titled *Sexually Abusive Behavior Prevention & Intervention Program* and *PREA Presentation*. The Lead Auditor reviewed both training curriculums and the confirmed the training included, but not limited to, an inmate's right to be free from sexual abuse and sexual harassment, reporting methods, First Responder responsibilities, responding appropriately to victims of sexual abuse, and administrative and criminal investigative processes. The training also included the appropriate method to introduce/announce "opposite sex" correctional officers and supervision staff into an all-male or all-female housing unit and how to conduct opposite sex pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security correctional environments. The training curriculum was detailed with discussions of the required PREA standards and BOP policies and procedures.

The Lead Auditor requested an up-to-date facility staff roster depicting all staff members currently assigned to the facility and was organized by shift assignment and identified each staff member's current job assignment and rank. This allowed the Secondary Auditor to select a random representation of staff members for the interview process as well as ensure the random representation

included all shifts, ranks, tenure, and various job assignments.

The Secondary Auditor conducted random staff interviews, and each staff member articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her Annual Training.

Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews, in addition to the files reviewed during the on-site visit, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Volunteer & Contractor PREA Training Curriculum

BOP Volunteer & Contractor PREA Training Attendance (w/Signatures)

Interviews conducted with:

Contract and Volunteer Staff

Findings (By Provision):

115.32 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.32 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.32 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Bureau staff, if necessary, to ensure understanding of the training.

The Lead Auditor reviewed training documentation to include training curriculum titled, *Sexually Abusive Behavior Prevention and Intervention Program* and attendance roster for contract and volunteer staff. The attendance roster included signatures from each contract staff member and volunteer staff confirming understanding of policies and training received. The volunteer and contractor training were tailored based on the services they provide and the level of contact they have with inmates and included the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

The Lead Auditor conducted interviews with contract staff who acknowledge and confirmed their understanding of the Bureau's zero-tolerance policy and PREA standards and reporting responsibilities.

Upon review of the policy and documentation and after completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Inmate Admission & Orientation Handbook (multiple languages)

BOP *Inmate Acknowledgement of Receipt of PREA Orientation* (w/Inmate signatures)

BOP Admission & Orientation Pamphlet – PREA (multiple languages)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Intake Staff

Random Sample of Inmates

Targeted Inmates (Limited English Proficient (LEP) or Inmates with impairments)

On-site Review Observations:

Comprehensive PREA Education documentation

Zero-Tolerance Signage

TRULINCS Demonstration (Inmate provided)

Findings (By Provision):

115.33 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. It describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. It also provides inmates notice that male and female staff routinely work and visit inmate housing areas.

115.33 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents. During the A&O Program, a staff member designated by the Warden, present the *Sexually Abusive Behavior Prevention and Intervention Program*. This presentation must include:

- Definitions of sexually abusive behavior and sexual harassment;
- Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody;
- Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired.
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates.
- Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment.
- Monitoring, discipline, and prosecution of sexual perpetrators.
- Notice that male and female staff routinely work and visit inmate housing areas.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

states where inmates do not participate in a formal A&O Program (e.g., WITSEC, Pretrial, or SHU inmates), the Warden designates a staff member to ensure these inmates receive information on the Bureau's Sexually Abusive Behavior Prevention and Intervention Program within 30 days of intake. This is documented in the same manner as for inmates who participated during the regularly scheduled A&O session.

115.33 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

115.33 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

115.33 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain documentation of inmate participation in these education sessions. The A&O forms are filed in the Inmate Central File or pretrial/holdover files.

115.33 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. In each housing unit, the following will be posted:

- A notice to inmates stating, *Male and female staff routinely work and visit inmate housing areas.*
- A poster reflecting the BOP's zero-tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

The Lead Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located inside every housing unit, as well as several

informational bulletins were posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display phone numbers and addresses for the victim advocate services and multiple reporting methods and are displayed in multiple languages.

During the facility tour, an inmate provided the Lead Auditor with a demonstration of TRULINCS, the inmate electronic messaging system. The Lead Auditor interviewed an inmate privately while touring the facility and requested the inmate to demonstrate the use of the TRULINCS. Although there are multiple services available for inmates within the TRULINCS, the demonstration confirmed to the Lead Auditor one method for inmates to report sexual abuse and sexual harassment, to include the option of reporting the incident anonymously.

The Lead Auditor conducted separate interviews with the USP PCM and Intake Staff Member and discussed the inmate comprehensive PREA orientation process. Both the USP PCM and Intake Staff Member provided specific details on the process of educating inmates including upon intake into the facility, and during the Admission & Orientation process. Additionally, both confirmed the multiple additional information provided to inmates through PREA informational pamphlets, BOP Inmate Admission & Orientation Handbook, and the signage posted throughout the facility.

The Secondary Auditor interviewed targeted inmates that were Limited English Proficient (LEP), or inmates with physical, cognitive, hearing, or vision impairments. Each inmate acknowledged receiving PREA information during the Admission and Orientation process. Each inmate described receiving the comprehensive PREA orientation within a week after arriving at the facility. Additionally, each inmate acknowledged the information was provided to them in an accessible format specific to their individual needs.

The Lead Auditor requested an up-to-date facility inmate roster, which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor conducted interviews with thirty-nine random inmates, and thirty-seven inmates interviewed recalled receiving both the initial PREA orientation and the comprehensive orientation during A&O. Each inmate also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Inmates referred to utilizing multiple PREA informational bulletins, TRULINCS, and brochures, which are posted throughout the facility, as a source of information. Twenty-seven of the thirty-nine inmates interviewed referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility, with twenty-two of the thirty-nine inmates interviewed confirming knowledge of third-party reporting. Thirty of the thirty-nine inmates interviewed were aware of the availability of submitting an anonymous PREA report.

The Lead Auditor reviewed documentation to include inmate PREA education curriculum and BOP Inmate *Acknowledgement of Receipt of PREA Orientation.* A review of the inmate education curriculum indicated inmates are educated on PREA definitions, zero-tolerance, reporting methods, prevention techniques, counseling opportunities available for victims of sexual abuse, and information on the investigative process.

The Lead Auditor reviewed fifty-one *Inmate Acknowledgement of Receipt of PREA Orientation* forms from the inmates selected for random and targeted interviews, which provided further documentation of inmate attendance and acknowledgment of understanding of the facility's zero tolerance on sexual abuse and sexual harassment and the PREA reporting methods (inmate signatures).

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site tour, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

FBI *Domestic Investigations and Operations Guide*

MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)

National Institute of Corrections *Specialized Training: Investigating Sexual Abuse in Confinement Settings*.

DOJ/OIG *PREA Training* Curriculum

BOP SIS/SIA Training Logs & Curriculum

Interviews conducted with:

Investigative Staff

Findings (By Provision):

115.34 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in addition to the general training provided to all employees pursuant to §115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The Chief of Correctional Services ensures his/her Special Investigative Services Supervisor/Special Investigative Services Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained under this section.

115.34 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement

settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

115.34 (d) – The Lead Auditor is not required to audit this provision.

The Lead Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Lead Auditor conducted an interview with a Special Investigative Services (SIS) Lieutenant who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIS Lieutenant provided the Lead Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Lead Auditor reviewed *DOJ/OIG PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

Additionally, the Special Investigative Services (SIS) Lieutenant also confirmed attending and successful completion of the required specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings*. The SIS Lieutenant clearly articulated the comprehensive training received which included investigating sexual abuse and harassment in confinement settings, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity* and the importance of each, and criteria required for administrative action and prosecution referrals.

The Lead Auditor reviewed training documentation, which included the specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site visit, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Medical & Mental Health Specialized Training Curriculum – *PREA and Psychology Services*

BOP Training Certificates

Interviews conducted with:

Medical / Mental Health Staff

Findings (By Provision):

115.35 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been training in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to who to report allegations or suspicions of sexual abuse and sexual harassment.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Health Services Division ensures medical staff are appropriately trained under this section. The Reentry Services Division ensures mental health staff are appropriately trained under this section.

115.35 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

115.35 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard from either the agency or elsewhere.

115.35 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

The Lead Auditor reviewed training records of all medical and mental health staff (Health Services and Psychology Services) currently assigned to the facility; training records included the training curriculum and certificates of completion (with signatures). The training curriculum included the required elements of the agency policy and of the PREA standard.

The Lead Auditor conducted interviews with staff members assigned to Health Services and Psychology Services and confirmed receipt of specialized training on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment. Staff members also confirmed receiving the agency's general PREA training, which included the zero-tolerance to sexual abuse and sexual harassment.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made during the on-site visit file review, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP *PREA Intake Objective Screening Instrument*

Interviews conducted with:

Staff Responsible for Risk Screening

Random sample of Inmates

PREA Coordinator

On-site Review Observations:

PREA Intake Objective Screening Instrument screening forms

Findings (By Provision):

115.41 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:

- Inmates with a history of sexual victimization while in BOP custody – when, during the intake screening process, staff identify inmates with a history of sexual victimization within BOP custody (e.g., from self- report or from review of available documents), they must refer the inmate to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure appropriate steps have been taken.
- Inmates with a history of sexual victimization while in a non-BOP setting – if victimization occurred in a non-BOP setting, staff should document information, and appropriate psychological treatment and monitoring will be provided if needed.
- Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure appropriate steps have been taken.

115.41 (b, c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The *PREA Intake Objective Screening Instrument* should be completed using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if further assessment is needed after documenting and applying the criteria, an inmate is considered "at-risk" until a final determination is made by Psychology Services or Correctional Services. Referrals to Psychology Services or Correctional Services are documented at the local level.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to his/her level of risk, he/she may not be disciplined.

115.41 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

1. Whether the inmate has a mental, physical, or developmental disability;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability; and
10. Whether the inmate is detained solely for civil immigration purposes.

115.41 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. In the case of inmates "at risk" for perpetration, Correctional Services should be notified by Psychology Services.

115.41 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

115.41 (g) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states Psychology Services staff reassess the inmate's risk level whenever warranted based upon receipt of additional relevant information (e.g. incident of sexual abuse, protective custody request, new presentation of any risk factors listed in section (d) above, recent intervention for allegation of sexual abuse or harassment, etc.).

115.41 (h) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to this standard.

115.41 (i) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Any information related to sexual victimization or abusiveness, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions (housing and cell assignments, work, education, and programming assignments).

During the pre-on-site phase of the audit, the Lead Auditor reviewed thirty *PREA Intake Objective Screening Instrument, Psychology Services Risk of Sexual Victimization*, and *Psychology Services Risk of Sexual Abusiveness* screening forms completed during this audit period. All forms were filled out completely and in accordance with the agency policy and the requirements of the PREA standard.

During the on-site phase of the audit, the Lead Auditor reviewed an additional fifty-one *PREA Intake Objective Screening Instrument* screening forms completed during this audit period. The fifty-one *PREA Intake Objective Screening Instrument* forms reviewed were from the files of the inmates selected for the random and targeted inmate interviews. All forms, including the *PREA Intake Objective Screening Instrument*, *Intake Screening*, *Psychology Services Risk of Sexual Victimization*, *Psychology Services Risk*

of Sexual Abusiveness, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)*, were filled out completely and in accordance with the agency policy.

The Lead Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Lead Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted privately, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and he confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Lead Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Secondary Auditor conducted interviews with inmates who disclosed prior sexual victimization. Each inmate confirmed to the Secondary Auditor that they were offered the opportunity to meet with Psychology Services during the risk screening process; two of the inmates accepted the opportunity to meet with Psychology Services, and each inmate confirmed the meeting occurred within a couple of weeks. The remaining three inmates declined the opportunity to meet with Psychology Services. The Lead Auditor was able to confirm the information provided by each inmate during the documentation review process.

The Lead Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor conducted thirty-nine random inmate interviews, twenty-two of the thirty-nine inmates interviewed entered the facility twelve months or longer, therefore this interview question was not posed to them. Of the remaining seventeen inmates interviewed, fourteen of the seventeen inmates recalled the initial risk screening assessment interview, and nine of the seventeen inmates recalled the second risk assessment interview occurring with a Psychology Services staff member and within three to four weeks from the initial risk assessment.

An interview with the National PREA Coordinator was conducted and the question was posed, how the facility protects sensitive information, in particular an inmate's risk assessment. The National PREA Coordinator explained the policy mandates such sensitive information is limited to staff who have a need to know and will vary depending on what is recommended within the risk assessment. The National PREA Coordinator provided the following example: If there is an elevated risk level with recommendations on cell assignment and work assignment, then the Correctional Counselor will be notified since that individual is responsible for those assignments. Executive staff are made aware in all instances due to security concerns.

Upon review of the policies, on-site file review, and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☐Yes ☐ No ☒ NA

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☐ Yes ☐ No ☒ NA

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☐ Yes ☐ No ☒ NA

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☐ Yes ☐ No ☒ NA

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☐ Yes ☐ No ☒ NA

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☐ Yes ☐ No ☒ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☐ Yes ☐ No ☒ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP *PREA Intake Objective Screening Instrument*

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Staff Responsible for Risk Screening

PREA Coordinator

On-site Observations:

PREA Intake Objective Screening Instrument forms

Findings (By Provision):

115.42 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The Lead Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Lead Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted privately, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Lead Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Lead Auditor reviewed fifty-one *PREA Intake Objective Screening Instrument* screening forms from

the files of the inmates selected for the random and targeted inmate interviews. All forms, to include the *PREA Intake Objective Screening Instrument*, *Intake Screening*, *Psychology Services Risk of Sexual Victimization*, *Psychology Services Risk of Sexual Abusiveness*, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)*, were filled out completely and in accordance with the agency policy and the requirements of the PREA standard.

The Lead Auditor conducted an interview with the USP PCM on how the facility uses information obtained from the risk screening assessment interview to keep inmates from being sexually victimized or being sexually abusive. The USP PCM described the risk screening process and explained how depending upon the responses given by the inmate; the information obtained in the screening process is used to ensure inmates are properly referred for treatment and to ensure appropriate housing.

115.42 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall make individualized determinations about how to ensure the safety of each inmate.

The Lead Auditor requested a list of inmates who self-reported as identifying as gay or bisexual inmates to conduct targeted inmate interviews. The facility indicated there were no inmates who self-reported as identifying as gay or bisexual housed at the facility at the time of the on-site. Therefore, inmates in this targeted category were not interviewed.

115.42 (c) – This provision is no longer applicable to a compliance finding.

115.42 (d) – This provision is no longer applicable to a compliance finding.

115.42 (e) – This provision is no longer applicable to a compliance finding.

115.42 (f) – This provision is no longer applicable to a compliance finding.

115.42 (g) – This provision is no longer applicable to a compliance finding.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-

wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Warden

Findings (By Provision):

115.43 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

115.43 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

115.43 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

115.43 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

115.43 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The Lead Auditor conducted an interview with the Complex Warden regarding inmates at high risk of victimization. The Complex Warden explained that inmates at high risk for sexual victimization should not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours, or review for placement in one of our neighboring facilities while completing the assessment. Any limits on programming due to the involuntary segregated housing must be documented.

The Lead Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Lead Auditor inquired to the Facility Staff Member if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

According to the information in the PAQ. the facility reported there were no inmates at risk of sexual victimization being assigned to involuntary segregated housing during the twelve-month auditing period. During the on-site phase of the audit, the Lead Auditor interviewed the Complex Warden and the USP PCM and each confirmed the information previously provided by the facility in the PAQ. Therefore, inmates in this targeted category were not interviewed.

Upon review of the policy and documentation provided and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Program Statement 3420.12, *Standards of Employee Conduct*

BOP *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report, An Overview for Inmates* (English/Spanish)

BOP Inmate Handbook (English/Spanish)

BOP Admission & Orientation Pamphlet – PREA (multiple languages)

BOP PREA Zero-tolerance Poster (English/Spanish)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Random sample of Staff

Random sample of Inmates

On-site Review Observations:

Zero-Tolerance Policy signage

Inmate phones

Findings (By Provision):

115.51 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

115.51 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department (such as the Special Investigative Services Lieutenant), or by mail to an outside entity (Office of the Inspector General).

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Inmates are provided with contact information and access to the Office of the Inspector General (OIG) to make such reports.

115.51 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.51 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Staff may privately contact any supervisory staff at the local

institution, Regional staff, or Central Office staff, including the Regional PREA Coordinators, and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

During the pre-on-site phase of the audit, the Lead Auditor reviewed provided documentation (booklet), *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report, An Overview for Inmates.* This document, which is provided to all inmates that enter the facility, provides detailed information in the following sections:

- Overview of PREA
- Agency's Zero-tolerance policy
- What Can You do if You are Sexually Assaulted?
- How Do You Report an Incident of Sexually Abusive Behavior?
- Understanding the Investigative Process
- Counseling Programs for Victims of Sexually Abusive Behavior (includes contact information for Transitions of Pennsylvania)
- Management Program for Inmate Assailants
- Prohibited Acts
- Contact information for the BOP Regional Offices and for the U.S. Department of Justice, Office of the Inspector General.

Each section provides detailed information to include step-by-step instructions. The section titled, *How Do You Report an Incident of Sexually Abusive Behavior*, lists the multiple methods of reporting an allegation of sexual abuse or sexual harassment. Specifically within this section, details are provided explaining how the Office of the Inspector General (OIG) is a component of the Department of Justice and is not a part of the Bureau of Prisons. Inmates may write the OIG to the address listed or inmates can e-mail directly to OIG through *TRULINCS*, *Request to Staff* tab, and select the Department Mailbox titled, *DOJ Sexual Abuse Reporting*. Inmates can request to remain anonymous in the e-mail to the OIG.

During the facility tour, an inmate provided the Lead Auditor with a demonstration of TRULINCS, the inmate electronic messaging system. The Lead Auditor interviewed an inmate privately while touring

the facility and requested the inmate to demonstrate the use of the TRULINCS. Although there are multiple services available for inmates within the TRULINCS, the demonstration confirmed to the Lead Auditor one method for inmates to report sexual abuse and sexual harassment, to include the option of reporting the incident anonymously.

The Lead Auditor requested an up-to-date facility inmate roster, which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor conducted thirty-nine random inmate interviews and inquired how they would report an incident of sexual abuse or sexual harassment if it happened to them or another inmate. Inmates referred to utilizing multiple PREA informational bulletins, TRULINCS, and brochures, which are posted throughout the facility, as a source of information. Twenty-seven of the thirty-nine inmates interviewed referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility, with twenty-two of the thirty-nine inmates interviewed confirming knowledge of third-party reporting. Thirty of the thirty-nine inmates interviewed were aware of the availability of submitting an anonymous PREA report.

The Secondary Auditor-conducted interviews with random staff members and asked each staff member how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (supervisory staff at the local institution, the Regional PREA Coordinators, or by notifying the Office of the Inspector General). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Secondary Auditor inquired to each staff member how he/she would report an allegation of sexual

abuse or sexual harassment of inmates privately. Staff responses included either calling the Office of the Inspector General or telling his/her immediate supervisor. Staff members expressed confidence in reporting either to the OIG or privately to his/her supervisor and no one reported fear of retaliation.

The Lead Auditor conducted an interview with the USP PCM to verify reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The USP PCM confirmed the multiple methods of reporting available for inmates and staff, to include that reports can be made either verbally, in writing, by a third party and may be done in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally. The USP PCM confirmed that inmates could report anonymously through TRULINCS or by mailing the Office of the Inspector General.

The Lead Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each unit, as well as several posted in common areas (food service, educational and vocational buildings) throughout the facility.

Upon review of the policies, contracts, employee handbook, BOP inmate handbook, and PREA bulletins and signs posted throughout the facility, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing

the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Program Statement 1330.18, *Administrative Remedy Program*

BOP Inmate Admission & Orientation Handbook

Findings (By Provision):

115.52 (a) – BOP Program Statement 1330.18, *Administrative Remedy Program* states the agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.

115.52 (b) – BOP Program Statement 1330.18, *Administrative Remedy Program* states administrative remedies regarding allegations of sexual abuse may be filed at any time. Accordingly, administrative remedies regarding an allegation of sexual abuse shall not be rejected as untimely. Inmates are not required to attempt an informal resolution for sexual abuse incidents.

115.52 (c) – BOP Program Statement 1330.18, *Administrative Remedy Program* the agency shall ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the compliant.

115.52 (d) – BOP Program Statement 1330.18, *Administrative Remedy Program* states an administrative remedy response shall be made by the Warden within 20 calendar days.

115.52 (e) – BOP Program Statement 1330.18, *Administrative Remedy Program* third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

BOP Program Statement 1330.18, *Administrative Remedy Program* if a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

115.52 (f) – BOP Program Statement 1330.18, *Administrative Remedy Program* states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.52 (g) – BOP Program Statement 1330.18, *Administrative Remedy Program* the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The Lead Auditor reviewed the BOP Inmate Handbook and confirmed the handbook contains information about the administrative remedy process to include explanation of the types of resolution, informal and formal.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of policies and of the BOP Inmate Admission & Orientation Handbook, and upon

completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FCC Pollock correspondence w/ local crisis center

BOP PREA Zero-Tolerance Bulletins (English / Spanish)

BOP Admission & Orientation Pamphlet – PREA (English / Spanish)

BOP Inmate Admission & Orientation Handbook (English / Spanish)

Interviews conducted with:

Random sample of Inmates

Staff Licensed Psychologist

On-site Review Observations:

Zero-Tolerance Policy signage

BOP *Intake Screening* form (receipt of A & O Handbook)

Findings (By Provision):

115.53 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers were available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

115.53 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

During the facility tour, the Lead Auditor conducted informal interviews with inmates in the housing dormitories and in various work assignments, and while touring the programs, educational, and workshop buildings. Throughout the tour, the Lead Auditor noted PREA Zero-Tolerance bulletins displayed in all the above areas / buildings. The PREA Zero-Tolerance bulletins contain information for reporting incidents as well as information related to counseling and advocacy services.

The Lead Auditor reviewed the BOP Inmate Admissions & Orientation Handbook. The BOP Inmate Admission & Orientation Handbook provides information regarding victim advocacy services for inmates and all information provided will be kept confidential, except information that requires mandatory reporting.

The Auditor reviewed documentation which included, communication between BOP FCC Pollock and local rape crisis centers (attempts for an MOU), certifications of three staff licensed Psychologist's, and verification of completion for a victim advocate course.

The Auditor conducted an interview with one of the Staff Licensed Psychologist, who confirmed her qualifications and receipt the victim advocacy training. The Staff Licensed Psychologist also provided and overview of the services she would provide in the role of a victim advocate, which include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

The Lead Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor interviewed thirty-nine random inmates and inquired if they were informed of services available outside of the facility if needed, for dealing with sexual abuse. Sixteen of the thirty-nine inmates interviewed stated there are services available as they were explained to them during the comprehensive PREA orientation (A&O) and referred to the informational bulletins posted in the unit as well as information in the Inmate A & O Handbook, which provides specific details.

The Lead Auditor reviewed documentation confirming that all thirty-nine inmates interviewed received the BOP Inmate Admission & Orientation Handbook (documentation included inmate signatures). The BOP Inmate Admission & Orientation Handbook contains explanation of the victim advocacy services availability as well as contact information. In addition, the facility posted an Inmate Notice, *Access to Confidential Rape Crisis Counseling & Victim Advocacy* bulletin on the TRULINCS system for all inmates to review. The bulletin explained information about emotional support services, the availability of national victim advocacy centers, and included contact numbers and addresses.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Inmate Admission & Orientation Handbook (multiple languages)

BOP Website https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

BOP PREA Zero-Tolerance Bulletin (English / Spanish)

Interviews conducted with:

Random sample of Inmates

On-site Review Observations:

Zero-Tolerance Policy signage

Findings (By Provision):

115.54 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The Lead Auditor conducted a tour of the facility and observed PREA informational bulletins posted. These PREA Zero-Tolerance bulletins are posted in multiple languages, located near the entrances into the housing unit, as well as several posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display multiple reporting instructions to include telling any staff member, filing an administrative remedy, TRULINCS, or writing to the Office of the Inspector General.

The Lead Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, sex, race, ethnicity, and housing assignments. This allowed the Lead Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Secondary Auditor conducted thirty-nine random inmate interviews, and thirty-seven inmates recalled receiving both the initial PREA orientation upon arrival and the comprehensive orientation during the Admission & Orientation process. Each inmate also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents. When questioned about third party reporting, thirty of the thirty-nine inmates interviewed acknowledged how to submit a third-party report. In addition, several of the inmates referred to the PREA bulletins posted throughout the facility or utilizing TRULINCS as each contain directions on how to submit a third-party report.

During the pre-on-site phase of the audit, the Lead Auditor visited the agency's website and confirmed

the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. The report may also be submitted anonymously.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Random sample of Staff

Medical / Mental Health Staff

Complex Warden

Findings (By Provision):

115.61 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention &*

Intervention Program states the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or where appropriate, in accordance with the Program Statement *Standards of Employee Conduct.*

115.61 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

115.61 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

115.61 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

115.61 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of

the report. The Institution PREA Compliance Manager (IPCM) refers the incident for investigation to the appropriate office and reviews the incident for any further response. As the severity of sexually abusive behavior increases, so should the level of response.

The Secondary Auditor conducted interviews with random staff members, and each staff member articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Lead Auditor conducted interviews with Health Services and Psychology Services staff members regarding responsibilities to disclose to inmates the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Each staff member articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. Additionally, staff members acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. The Lead Auditor inquired if any inmates had reported an incident of sexual abuse or harassment to them and only the Health Services staff member confirmed receiving such a report and reporting it immediately.

The Lead Auditor conducted an interview with the Complex Warden and inquired how FCC Pollock responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone who is considered vulnerable adult under state law. The Complex Warden explained that FCC Pollock does not house inmates under the age of 18 or inmates who are considered vulnerable adults.

The Lead Auditor inquired to the Complex Warden are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Complex Warden indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are investigated in accordance with policy.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Agency Head Designee

Complex Warden

Random sample of Staff

Findings (By Provision):

115.62 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.). The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager (IPCM).

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered. The decisions made to safeguard the inmate should take impact on staff members into account, in accordance with the Master Agreement. Removal from the facility is an extreme measure, and other options include reassignment to another unit or post, or other measures that will effectively separate the staff member from the inmate.

The Secondary Auditor conducted interviews with random staff members and inquired about his/her actions if they received information that an inmate was at imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed the priority is ensuring the safety of the inmate. Staff indicated that once the inmate who was at risk is secured, they would immediately notify the Operations Lieutenant and PCM.

The Lead Auditor conducted an interview with the Complex Warden and inquired as to what action is

taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. The Complex Warden informed the Lead Auditor that if staff determine an inmate is subject to a substantial risk of imminent sexual abuse, the inmate will be safeguarded and notifications will be made, to include PCM, Operations Lieutenant, SIS, Medical (Health Services), and Psychology Services for appropriate follow-up, investigation, and care.

The Lead Auditor conducted an interview with the Agency Head Designee regarding what action is taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. The Agency Head Designee stated if an inmate is at risk of imminent sexual abuse the first thing staff will be responsible for is safeguarding the inmate by separating him from the potential danger. Our actions vary depending on the severity of the threat. If the possible threat is by another inmate, we may change the inmate's housing assignment, work assignment, or possibly place the inmate in the Special Housing Unit. If the possible threat is from a staff member, other options exist in addition to these, to include a change in the staff member's work assignment or removal from the facility while the investigation is conducted.

Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Agency Head Designee

Complex Warden

Findings (By Provision):

115.63 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau

facility, the Warden (or his/her designee) of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states for non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate. For non-Bureau facilities, the Warden (or his/her designee) contacts the appropriate office of that correctional agency.

115.63 (b - d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that is has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the twelve months prior to the audit, FCC Pollock reported receiving two allegations of sexual abuse from another facility and FCC Pollock reported receiving four allegations from FCC Pollock inmates alleging he was a victim of sexual abuse while confined at other facilities. During the Lead Auditor's documentation review, she was able to confirm the Warden-to-Warden notifications were completed in accordance with agency policy and the provision of this standard.

The Lead Auditor conducted an interview with the Complex Warden and asked what the process is when your facility receives an allegation from another facility or Bureau that an incident of sexual abuse or sexual harassment occurred at the facility. The Complex Warden assured the Lead Auditor that the allegation would be investigated in accordance with PS 5324.12 and the institution supplement.

The Lead Auditor conducted an interview with the Agency Head Designee and inquired if another agency or facility refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. The Agency Head Designee explained that typically, other agencies make the referral directly to the institution, specifically to the Warden. On other occasions, the agencies contact the Bureau of Prisons National PREA Coordinator if they are

unsure how to contact the institution directly. In these cases, the National PREA Coordinator will forward the referral directly to the Warden of the institution. For notifications involving a facility within the agency, if the notification does not go directly to the Warden of the institution, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Complex Warden determines whether the allegation(s) can be investigated locally or if it should be referred to the Office of Internal Affairs (OIA). The Lead Auditor inquired to the Agency Head Designee if there are examples of such allegations being reported from another facility or agency. The Agency Head Designee explained that each institution tracks referrals made to them by other facilities and/or agencies. Our agency would contact the other facility and work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence will be provided to the facility responsible for completing the investigation.

Upon review of the policy, documentation, and investigative files, and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FCC Pollock PREA Training Curriculum

BOP FCC Pollock Training Roster / Documentation of Attendance

Interviews conducted with:

Security Staff / Non-Security Staff First Responders

Random sample of Staff

Findings (By Provision):

115.64 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating;
- If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

The Secondary Auditor conducted random staff interviews regarding his/her role as a First Responder to an allegation of sexual abuse. Each staff member provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, safeguarding the inmate victim, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Operations Lieutenant.

In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Every Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates

who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policy, documentation, and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP *FCC Pollock Response Protocol*

Interviews conducted with:

Complex Warden

Findings (By Provision):

115.65 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately safeguards the inmate. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to the Health Services for physical assessment and documentation of injuries and to Psychology Services for assessment of vulnerability and treatment needs.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Operations Lieutenant ensures that the SIS, Chief of Correctional Services, Institution PREA Compliance Manager (IPCM), and Warden are notified.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) will review relevant factors and make a determination whether or not to proceed with full activation of the *Response Protocol*. Once the Institution PREA Compliance Manager (IPCM) determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the full *Response Protocol*, monitored by the Institution PREA Compliance Manager (IPCM), involves the following components:

- Correctional Services safeguard the inmate; engage in evidence collection and preservation at the institution, including inmate clothing and footwear; investigate cases involving inmate

perpetrators; arrange for outside medical trips if necessary; and ensure that STG categories for victims and predators are entered into SENTRY.

- Psychologists are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychologists also notify the qualified agency staff member or the outside victim advocate, if necessary, to assist the inmate.
- Properly trained Health Services clinicians are responsible for assessment, examination, documentation, and treatment of inmate injuries arising from incidents of sexual abuse, including testing when appropriate for pregnancy, HIV, and other sexually transmissible infections (STIs). Where indicated, medical staff, trained in the collection of sexual assault evidence should conduct an examination for physical evidence that may be used later in formal investigations, or refer the inmate to trained health care professionals from the local community or the local community facility equipped to evaluate and treat sexual assault victims.

The Lead Auditor reviewed the above *FCC Pollock Response Protocol.* The plan is detailed, provides systematic instructions, and outlines the roles and responsibilities for all staff, to include first responders, Health Services, Psychology Services, investigators, and facility leadership, responding to an incident of sexual abuse.

The Lead Auditor conducted an interview with the Complex Warden and inquired as to the implementation of the *FCC Pollock Response Protocol.* The Complex Warden provided a detailed description of the response plan which outlines the local coordinated actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Upon review of the policies and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Agency Head Designee

Institution PREA Compliance Manager (IPCM)

Findings (By Provision):

115.66 (a) – Bureau of Prisons, FCC Pollock does not have a collective bargaining agreement.

The Auditor verified that the BOP and the facility does not engage in collective bargaining during interviews with the Complex Warden and the Institution PREA Compliance Manager (IPCM).

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Designated Member Charged with Monitoring Retaliation

Complex Warden

Agency Head Designee

On-site Review Observations:

Investigative files (18)

Findings (By Provision):

115.67 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program the* agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation.

115.67 (b) – Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

115.67 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.67 (d, e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states in the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

115.67 (f) – The Lead Auditor is not required to audit this provision.

The Lead Auditor conducted an interview with the designated staff member required to monitor staff and inmates who have reported sexual abuse allegations to protect them from retaliation. The Staff Member monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring (90 days) includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring (90 days) includes reassignment of work, posts, performance evaluations, and shift changes. If there is a concern that potential retaliation might occur beyond the 90 days, the Staff Member would continue to monitor conduct and treatment until the issue or threat is resolved.

The Lead Auditor reviewed eighteen investigative files and noted that each file contained forms showing the retaliation monitoring interviews that were conducted with inmates who previously alleged sexual abuse or sexual harassment. Each form provided a detailed explanation of the interview, statements from the inmate, and comments from the PCM. The monitoring interviews were conducted on the 30-, 60-, and 90-day review dates. In addition to these reviews, periodic checks were also documented in real time in-between the 30-, 60-, and 90-day reviews to document housing or work assignment changes.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates

who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

The information provided by the facility in the PAQ indicated there were no incidents of retaliation reported by inmates during the 12-month auditing period. The Lead Auditor further verified this information during documentation review and through her interview with USP PCM who confirmed the information previously provided by the facility. Therefore, inmates in this targeted category were not interviewed.

The Lead Auditor conducted an interview with the Complex Warden and inquired on the different measures taken to protect inmates and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Complex Warden confirmed appropriate measures would be taken to protect inmate victims if retaliation is suspected, such as a review of housing, work, and program assignments to aid with their protection. For staff victims where retaliation is suspected a thorough review of performance and assignment to aid with their protection would occur. For the suspected perpetrators of retaliation, investigations would take place, and disciplinary measures would be pursued when appropriate.

The Lead Auditor conducted an interview with the Agency Head Designee and inquired how the agency protects inmates or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head Designee explained the IPCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. In addition, to ensure their mental and emotional wellbeing is cared for, the staff members being monitored will be offered psychological services.

The Lead Auditor inquired to the Agency Head Designee if an individual cooperates with an investigation expresses a fear of retaliation, what measures the Bureau takes to protect that individual against retaliation. The Agency Head Designee explained the individual would be monitored in the same manner as the individual who reported the allegation and would be protected against such retaliation. The protection can take the form of changing housing or work assignments, transfers, changing work

supervisors, or other actions that prevent retaliation. In addition, to ensure their mental and emotional wellbeing is cared for, the staff members being monitored will be offered psychological services.

Upon review of the policy and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*

Interviews conducted with:

Complex Warden

Findings (By Provision):

115.68 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is

a continuing need for separation from the general population.

The Lead Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Lead Auditor inquired to the Facility Staff Member if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported there were no inmates who reported sexual abuse, being assigned to involuntary segregated housing. During the on-site phase of the audit, the Lead Auditor reviewed the investigative files and confirmed the inmates who reported sexual abuse were not placed into involuntary segregated housing. The Lead Auditor also confirmed this information in interviews with facility staff. Therefore, inmates in this targeted category were not interviewed.

The Lead Auditor conducted an interview with the Complex Warden regarding inmates who alleged sexual abuse. The Complex Warden explained that inmates at high risk for sexual victimization or who have alleged sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Additionally, the Complex Warden explained the use of the Special Housing Unit (SHU) for involuntary protective custody due to risk of sexual abuse victimization or to provide protective custody to an alleged victim of sexual abuse will occur as a last resort. If an assessment cannot be completed immediately, and if it is safe to do so, the inmate would be held in the SHU for less than 24 hours while completing the assessment. Any limits on programming due to involuntary segregated housing would be documented.

Upon review of the policy and documentation provided and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Investigative files (18)

Findings (By Provision):

115.71 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.71 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.

115.71 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.71 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

115.71 (g) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.71 (h) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.71 (i) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

115.71 (k) – The Lead Auditor is not required to audit this provision.

115.71 (l) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the BOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the BOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

The Lead Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Lead Auditor conducted an interview with a Special Investigative Services (SIS) Lieutenant who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and

confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIS Lieutenant provided the Lead Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Lead Auditor reviewed *DOJ/OIG PREA Training* curriculum, and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

The Lead Auditor reviewed eighteen investigations thoroughly and systematically to ensure each investigation contained all the correct procedures, completed documentation, and that all processes were completed as required, including the report findings. The investigations were selected and reviewed based upon the initial reporting method, the outcome or investigation status (closed or open), and the Lead Auditor's requirement to review all the required steps and processes to verify compliance with multiple PREA Standards. Each investigation reviewed by the Lead Auditor contained all documented reports for that specific incident, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. Additionally, the report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse.

The Lead Auditor found each investigation contained all the appropriate documentation, and determined that the incidents were investigated promptly, thoroughly, and objectively by a qualified Special Investigative Services Agent who has received training and education and has the authority to conduct such investigations. The Lead Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30-Day Sexual Abuse Incident Review, 90-day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification.

Upon completion of reviewing the investigative files, the Lead Auditor determined that the facility (to include but not limited to Staff First Responders, Operations Lieutenant, PREA Compliance Manager, Health Services, Psychology Services, and Facility Leadership, etc.) followed the required steps and processes for reported allegations. At the time of the Lead Auditor's review, there were no investigations referred to prosecution.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not

meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Investigative Staff

Findings (By Provision):

115.72 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The BOP applies to this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

The Lead Auditor conducted an interview with a Special Investigative Services (SIS) Lieutenant who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIS Lieutenant provided the Lead Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. Special Investigative Services is responsible for conducting administrative sexual abuse investigations within the facility.

The SIS Lieutenant articulated the investigative process beginning with initial notification, investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity*, and criteria required for administrative action and prosecution referrals. The Lead Auditor inquired to the SIS Lieutenant what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The SIS Lieutenant explained that the agency should impose no standard higher than a preponderance of the evidence.

Upon review of the policy and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP PREA Investigative Case – Victim Notifications

Investigative Case file – (18)

Interviews conducted with:

Investigative Staff

Complex Warden

On-site Observations:

Case disposition notifications (to inmate)

Findings (By Provision):

115.73 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Special Investigative Services Lieutenant provides all notifications to inmates required under this provision.

115.73 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

115.73 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states following an inmate's allegation that he or she has been sexually abuse by another inmate, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all such notifications or attempted notifications shall be documented.

115.73 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Lead Auditor conducted an interview with the Special Investigative Services (SIS) Lieutenant and inquired about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The SIS Lieutenant confirmed such notifications were completed by the Special Investigative Services Lieutenant, which is documented, and the notification is retained in the case file.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

During the on-site phase of the audit, the Lead Auditor reviewed eighteen investigative files from the twelve-month auditing period. The investigative files that were closed included a final disposition and contained an inmate notification form documenting the outcome of the case (substantiated, unsubstantiated, or unfounded) with the signature of the inmate documented on the notification.

The Lead Auditor conducted an interview with the Complex Warden and inquired regarding how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Complex Warden confirmed that the Special Investigative Services Lieutenant would complete the victim notification

process.

Upon review of the policies and upon completion of the interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Administrative (Human Resources) Staff

Findings (By Provision):

115.76 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

115.76 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility reported no staff violations, resignations prior to termination, or terminations for violating the agency's sexual abuse or sexual harassment polices during the twelve months prior to the audit.

The Lead Auditor conducted an interview with the Administrative Staff Member and the USP PCM and each confirmed that FCC Pollock had no staff members violate or terminated for violating the agency's policy against sexual abuse or sexual harassment during the past 12 months.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Complex Warden

Findings (By Provision):

115.77 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.77 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility reported there have been no contractor or volunteer violations or terminations of the Bureau's sexual assault, sexual abuse, sexual harassment, or sexual misconduct polices during the 12

months prior to the audit.

The Lead Auditor conducted an interview with the Complex Warden regarding any violation of the facility's sexual abuse or sexual harassment by a contractor or volunteer. The Complex Warden explained that FCC Pollock defers to national policy, which requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Additionally, they would be prohibited from further contact with inmates.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Complex Warden

Medical / Mental Health Staff

Findings (By Provision):

115.78 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.78 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.78 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.78 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Lead Auditor conducted an interview with the Complex Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Complex Warden referred to the existing policy that an inmate would be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate abuse.

The Lead Auditor conducted an interview with Health Services and Psychology Services staff members and discussed the victim advocate services available to inmates and counseling services available for abusers. Each staff member explained the services provided at the facility, including counseling, and support services. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☐ Yes ☐ No ☒ NA

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not

meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP *PREA Intake Objective Screening Instrument*

Interviews conducted with:

Inmates who disclose Sexual Victimization at Risk Screening

Staff responsible for Risk Screening

Medical and Mental Health Staff

On-site Review Observations:

Inmate records of initial assessment & reassessment

Findings (By Provision):

115.81 (a, c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the screening pursuant to §115.41 indicates that a prison inmate or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow- up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states any information relating to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners

and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

115.81 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The Lead Auditor reviewed fifty-one *PREA Intake Objective Screening Instrument* screening forms from the files of the inmates selected for the random and targeted inmate interviews. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

The Lead Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Lead Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted privately, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and he confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Lead Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer questions in the risk screening process. The staff member responded that inmates are not required to provide answers. The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Lead Auditor conducted interviews with staff members from Health Services and Psychology Services and inquired to each if an inmate has disclosed experiencing prior sexual victimization upon intake into the facility or if records indicate an inmate has perpetrated sexual abuse, are follow-up meetings provided to each inmate. Each staff member confirmed that such meetings are offered to

inmates who have previously experienced prior sexual victimization, whether it is in an institutional setting or in the community. Each staff member also confirmed that inmates who have perpetrated sexual abuse are also offered these services as well; it is at the discretion of the inmate whether to participate.

The Lead Auditor conducted interviews with inmates who disclosed prior sexual victimization. Each inmate confirmed to the Lead Auditor that they were offered the opportunity to meet with Psychology Services during the risk screening process; one of the inmates accepted the opportunity to meet with Psychology Services, and confirmed the meeting occurred within a couple of weeks. The remaining inmates declined the opportunity to meet with Psychology Services. The Lead Auditor was able to confirm the information provided by each inmate during the documentation review process.

Upon review of the policy, documentation, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Medical / Mental Health Staff

Security Staff / Non-Security Staff First Responders

On-site Review Observations:

Secondary Medical Records

Findings (By Provision):

115.82 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgment.

115.82 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

115.82 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.82 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Lead Auditor conducted interviews with Health Services and Psychology Services staff members at the facility. Each staff member confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Psychology Services staff member explained the services provided at the facility include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

The Secondary Auditor conducted interviews with random staff members. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection,

reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policy, secondary medical documentation, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify*

as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Medical / Mental Health Staff

Findings (By Provision):

115.83 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.83 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

115.83 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states if pregnancy results from the conduct described in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 (h) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Lead Auditor conducted an interview with Health Services and Psychology Services staff members and both staff members confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each staff member explained the services provided at the facility included one-on-one counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

The Lead Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Lead Auditor with documentation which depicted the inmates who reported incidents of sexual abuse or sexual harassment during the auditing period and were no longer in custody at FCC Pollock, therefore interviews for this targeted category were not conducted.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP *30 Day Sexual Abuse Incident Reviews*

Interviews conducted with:

Complex Warden

Incident Review Team

On-site Observations:

Sexual Abuse Incident Reviews

Findings (By Provision):

115.86 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

115.86 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states such review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.86 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.86 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of the staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement and submit such report to the facility head and Institution PREA Compliance Manager (IPCM).

115.86 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The Lead Auditor reviewed thirteen sexual abuse investigations from the twelve-month auditing period. Excluding the investigations which were closed with a finding of unfounded, the Lead Auditor confirmed that a sexual abuse incident review was completed for each sexual abuse investigation and each sexual abuse incident review was completed within the required 30 days.

The Lead Auditor conducted an interview with a staff member who is a participating member of the Incident Review Team and inquired if the Sexual Abuse Incident Review (SAIR) Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the SAIR Team

examines the area in the facility where the incident allegedly occurred. The staff member confirmed the SAIR Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The SAIR Team also tours the area where the alleged incident occurred as well as consider if additional monitoring technology should be deployed or augmented to supplement supervision by staff. The Incident Review Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team with the best possible representation of an incident and assists the SAIR Team in determining if changes or additions to monitoring technology is warranted.

The Lead Auditor conducted an interview with the Complex Warden and discussed the Sexual Abuse Incident Review (SAIR) process. The Complex Warden explained that the SAIR Team includes the upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Complex Warden articulated the process of the incident review, including listing the elements required per the PREA standard. The Complex Warden explained how the SAIR Team uses the information obtained from the review to help uncover whether the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Federal Bureau of Prisons Annual PREA Report 2024 (dated June 2025)

Findings (By Provision):

115.87 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.87 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall aggregate the incident-based sexual abuse data at least annually. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates and reviews data from all sources annually.

115.87 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information, Technology and Data Division (ITDD) collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

115.87 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (f) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

During the pre-on-site phase of the audit, the Lead Auditor reviewed the *Federal Bureau of Prisons Annual PREA Report 2024* (dated June 2025), which contained annual aggregation of incident-based

sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

Upon review of the policy and annual reports, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the Agency Head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Federal Bureau of Prisons Annual PREA Report 2024 (dated June 2025)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

PREA Coordinator

Agency Head Designee

Findings (By Provision):

115.88 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as

the agency as a whole.

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Technology and Data Division (ITDD), and the Office of Internal Affairs, and issues a report to the Director on an annual basis.

115.88 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

115.88 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

115.88 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

During the pre-on-site phase of the audit, the Lead Auditor reviewed the *Federal Bureau of Prisons Annual PREA Report 2024* (dated June 2025), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

The Lead Auditor conducted an interview with the USP PCM and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The USP PCM explained how the agency collects data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The USP PCM confirmed the data reviews are completed during FCC Pollock departmental Operational Reviews and perpetual audits to ensure compliance with appropriate PREA standards. Correctional Programs, Correctional Services, Health Services, Human Resources, and Psychology

Services participate in the departmental Operational Reviews.

An interview with the National PREA Coordinator was conducted and the question was posed to her regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency completes an annual report, which is made public on the agency website. The National PREA Coordinator confirmed the agency complies with the Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

The Lead Auditor conducted an interview with the Agency Head Designee and inquired how the Bureau uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response polices, practices, and training. The Agency Head Designee explained if the incident-based sexual abuse data shows patterns, or a considerable number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. The agency continues to emphasize inmate education of the zero-tolerance policy and to report incidents of sexually abusive behavior to staff. The Lead Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head Designee confirmed to the Lead Auditor, the Federal Bureau of Prisons Director, is responsible for reviewing and approving the annual PREA report prior to being placed on the public website.

Upon review of the policy, Annual Reports, and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program*

Federal Bureau of Prisons Annual PREA Report 2024 (dated June 2025)

Interviews conducted with:

PREA Coordinator

Findings (By Provision):

115.89 (a) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that data collected pursuant to §115.87 are securely retained.

115.89 (b) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website, or through other means.

115.89 (c) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

115.89 (d) – BOP Program Statement 5324-12 CN-1, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

During the pre-on-site phase of the audit, the Lead Auditor reviewed the *Federal Bureau of Prison Annual PREA Report 2024,* which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

An interview with the National PREA Coordinator was conducted and the question was posed to her regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an

ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency prepares an annual report, which includes data collected from all facilities which house BOP inmates. The National PREA Coordinator confirmed, prior to publishing the Annual Report on the agency website, that the agency complies with Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

Upon review of the policy and upon completion of interviews, FCC Pollock demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did The Lead Auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was The Lead Auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was The Lead Auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to The Lead Auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Findings (By Provision):

115.401 (a) – During the prior three-year audit period, the agency ensured that each facility operated was audited, once.

115.401 (b) – Federal Bureau of Prisons, FCC Pollock's previous PREA Audit was conducted on May 2 – 3, 2023; the first year of the fourth three-year auditing cycle. This audit was conducted on March 31 – April 2, 2026; the first year of the fifth three-year auditing cycle.

115.401 (h) – The Lead Auditor was granted complete access to, and the ability to observe, all areas of the facility.

115.401 (i) – The Lead Auditor was permitted to request and view copies of any relevant documents (including electronically stored information).

115.401 (m) – The Lead Auditor was permitted to conduct private interviews with inmates and staff.

115.401 (n) – The Lead Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to The Lead Auditor in the same manner as if they were communicating with legal counsel. The Lead Auditor verified the posting of the audit notifications including posting of the audit in all housing units and common areas accessible and visible for inmates and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by The Lead Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, The Lead Auditor's analysis and reasoning, and The Lead Auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Findings (By Provision):

115.403 (f) – Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the BOP on the agency website, specifically on each facilities designated webpage. During the pre-on-site phase of the audit, the Lead Auditor reviewed the facility's prior PREA Audit Report (May 2023).

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Lynni O'Haver 05.10.2026

Auditor Signature **Date**